

My COPD Action Plan

My name:

Date:

My address:

Name of my doctor or clinic:

Phone number of my doctor or clinic:

Who to contact for me in case of an emergency:

(Name)

(Phone number)

Your Healthcare Plus phone number : 1-800-973-6792

Illinois Nurse Consultation Line phone number (to call when my doctor's office is closed): to come

To feel better and make breathing easier:

1. I should use inhaled breathing medicine



_____ (Name of inhaled medicine)	puffs every _____ (number) hours
_____ (Name of inhaled medicine)	puffs every _____ (number) hours
_____ (Name of inhaled medicine)	puffs every _____ (number) hours

2. I should quit smoking by: _____ (date)

To stop smoking: _____

3. I should get a flu shot every fall: ☐ Yes ☐ No

4. I should use oxygen _____ hours a day. Set oxygen at _____ liters/minute

5. I should get _____ exercise for _____ minutes _____ times a day. (type of exercise)

6. I should do breathing exercises for _____ minutes _____ times a day:

7. I should visit the doctor or clinic every _____

I should bring my inhaler(s) with me each time I visit the doctor or clinic: ☐ Yes ☐ No

8. I should call the doctor or clinic right away if:

- | | |
|---|---|
| • Breathing gets harder: <input type="checkbox"/> Yes <input type="checkbox"/> No | • Sputum changes color (darker): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Sputum gets thicker: <input type="checkbox"/> Yes <input type="checkbox"/> No | • Coughing gets worse: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Coughing up more sputum: <input type="checkbox"/> Yes <input type="checkbox"/> No | • Have a fever (feel hot or sick): <input type="checkbox"/> Yes <input type="checkbox"/> No |



(continued on other side)

Your **Healthcare Plus**[™]
Extra help for better health

a free benefit of

iHFS ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

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COPD Action Plan

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Other medicines:

Name of my medicine	How much I should take	How often I should take this medicine	This medicine is for:

I have had a pneumonia (vaccination) shot: ☐ Yes ☐ No

I have had a breathing test (spirometry) done: ☐ Yes ☐ No

I have had a skin test for tuberculosis: ☐ Yes ☐ No

I have discussed “Advance Directives” with my family and doctor/clinic: ☐ Yes ☐ No



My blood pressure is:

Date									
Reading									

Weight/Food:

I should gain weight: ☐ Yes ☐ No

I should lose weight: ☐ Yes ☐ No

It is okay for me to add salt to food or to eat salty foods like bacon, sausage, canned soup. ☐ Yes ☐ No

It is okay to eat fatty meat, chicken skin, lard or butter, fried foods, fast foods ☐ Yes ☐ No

It is okay to eat snacks between meals like fruit, peanut butter and crackers, milk. ☐ Yes ☐ No

Other instructions:

I should get emergency help when:

It is hard to talk: ☐ Yes ☐ No

It is hard to walk: ☐ Yes ☐ No

My heart beat or pulse is very fast: ☐ Yes ☐ No

My lips or fingernails turn gray or blue: ☐ Yes ☐ No

My breathing medicine does not help for very long or it does not help at all. ☐ Yes ☐ No

My breathing is still fast and hard. ☐ Yes ☐ No